

'HEALTH FOR ALL'

The Origins of the National Health Service
1848-1948
A Fortieth Anniversary Retrospect

**MINISTRY
of HEALTH**

**NATIONAL
HEALTH
SERVICE
JULY 5**
*Get ready
to be nice
and poorly*
**FREE ? ON
MONDAY**

**SURGERY
HOURS**

○ NIGHT
○ DAY

*You
want the
best aches
and pains?
We'll give
'em you!*

**MONDAY
JULY 5**

*"D" day
for Dyspepsia
Free Tummy
aches!
Corns! NO
COUPON*



"Take him away! Doctor Bevan can't deal with him personally even if he HAS got the best collection of ailments in London."

LEE



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Cover Illustration: Joe Lee. **London Laughs. D-Day for National Health Service. 'Take him away! Doctor Bevan can't deal with him personally even if he HAS got the best collection of ailments in London.'** *Evening News*, 1 July 1948.

Centre for the study of Cartoons and Caricature, Canterbury. Solo Syndication and Literary Agency Ltd. Case 15.2.

‘HEALTH FOR ALL’

THE ORIGINS OF THE NATIONAL HEALTH SERVICE

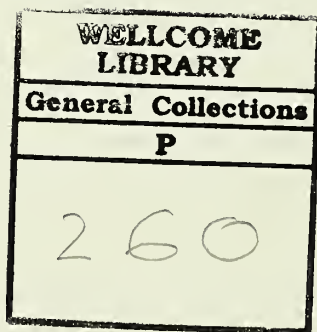
1848-1948

A FORTIETH ANNIVERSARY RETROSPECT

Catalogue of an exhibition
held at
The Wellcome Institute for the History of Medicine
7 June to 2 September 1988

Lindsay Granshaw

Wellcome Institute for the History of Medicine
London
1988



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Looking at the origins of the National Health Service is never more important than when the quality, quantity and nature of health care provision are under scrutiny. I hope that the exhibition and this catalogue will help to illustrate the kinds of provision available in the century preceding the establishment of the National Health Service, which provided, as it was put in the 1940s, 'Health for All', free at point of need.

Lindsay Granshaw
Wellcome Institute for the History of Medicine
London
1988

Introduction

This exhibition commemorates the establishment of the National Health Service on 5 July 1948, forty years ago. The National Health Service (NHS) is often seen as a uniquely British institution, the epitome of the welfare state. It is praised by many as the mark of civilisation—providing help to people when at their most vulnerable—but berated by others as bureaucratic, centralised and state-run. The best known, and seemingly the best-loved, aspect of the British welfare state, much of its existence has nevertheless been surrounded by controversy. Certainly it emerged out of turmoil.

How did the National Health Service come about? What were its origins? Was it uniquely British, or did it borrow ideas from abroad? What did it build on? How was it that such a far-reaching measure could be carried out? Did it represent the political consensus of the time? Could it have developed without the social and political upheaval of the World War? Was it simply the British reflection of a wider western movement?

In this exhibition, the roots of the health service are sought back to 1848, a year of disturbance in much of Europe. It encompasses in necessarily cursory form the ensuing century, as clamours for social welfare rose and fell, often accompanying wars and their aftermath—the Boer War (1899-1902), the Great War (1914-18), the Second World War (1939-45). The exhibition looks at whether the National Health Service was, as is often argued, an inevitable result of the Second World War, as social classes were pulled together. It asks whether any government, of whatever political hue, would have had to introduce a health service in 1948—or whether the unexpected Labour victory of 1945 was a prerequisite for the service's birth. It concludes by looking beyond 1948, at some of the themes that emerge from the history of the National Health Service itself.



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Case 1. MID-NINETEENTH CENTURY BRITAIN: PUBLIC HEALTH

Britain was the first nation to industrialise, a development that had a massive impact at all levels of society. As people moved into towns and cities, overcrowding, insanitary conditions and epidemic diseases all followed. Victorian attitudes to individual rights and freedoms were assaulted by the results. When cholera first hit Britain in 1831-32, striking down rich and poor alike, there was public clamour for action. The sanitary movement of the early nineteenth century, led by men like Edwin Chadwick, whose *Report* (1842) became widely influential, was not a movement of doctors but of lay people. The public health measures recommended gradually cut across individual property-owning rights. In stages over the century, local authorities found themselves moving from merely being 'permitted' to take action against 'nuisances' such as open drains to a position in which they were compelled to do so.

Nineteenth-century Britain saw political conflict, but not violence and turmoil on the scale seen on the Continent. However, fear of such unrest often triggered action to improve welfare. Thus in 1848, while the Continent saw much upheaval, reforming measures were passed in Britain with the hope of stilling unrest and preventing revolution. It was in that spirit that the 1832 Reform Act had been passed, and in 1848 the first Public Health Act became law, a century before the NHS was established.

1. Poor Law Commissioners. **Report on an inquiry into the sanitary condition of the labouring population of Great Britain.** London: HMSO, 1842.
Wellcome Institute Library, London.

Edwin Chadwick, a utilitarian who was originally a barrister and journalist, had been closely involved with the establishment of the New Poor Law. As secretary of the Poor Law Commission, he turned his attention from 1841 to what he saw as the basic cause of poverty, insanitary towns which undermined public health. Chadwick, with utilitarian colleagues, brought out this Report as an indictment of local inaction and individual irresponsibility. The sanitary reformers' advocacy of cleanliness, good drainage, light, fresh air and pure water was echoed with missionary zeal through much of the nineteenth century. However much Chadwick was spurned for 'bullying people into health', his work had enormous impact on the public consciousness, helping to shift attitudes so that the state took an increasingly interventionist line.

2. **Attic occupied by a family of ten persons. Nineteenth century London.** Photograph of wood engraving. *Illustrated Times*, 1863, new series, vol. 3, p.265.
Wellcome Institute Library, London. L 1381.

Overcrowding was commonplace in nineteenth-century towns, a problem highlighted by reformers.

3. **'Preparing the Soup', 'The Maze', and 'The Distribution'.** The Society of Friends' soup-kitchen, Ball-Street, Lower Moseley Street, Manchester. Photograph. *Illustrated London News*, 1862, vol. 41, p.561.
Wellcome Institute Library, London. L 4800.

Voluntary bodies, rather than the state, assisted in relieving the distress of the poor.

4. J. Palmer. **Sheffield child workers.** Photograph of wood engraving. *Illustrated London News*, 10 March 1866.
Wellcome Institute Library, London. L 7532.

Child labourers, working for long hours, often in dark, dangerous, insanitary conditions, were brought to the attention of the public by those seeking change.

5. **The New River Waterworks, reconstruction of the storage reservoir at Claremont Square.** Photograph of wood engraving. *Illustrated London News*, November 1856.
Wellcome Institute Library, London. M 12972.

This was the kind of scheme advocated by Chadwick to bring pure water to townspeople. This reservoir was constructed in the wake of John Snow's discovery that cholera was water-borne, spread by drinking water from contaminated sources. Sanitary projects figured among the great Victorian building schemes.

6. **Overcrowding, and other sanitary derangements.** Photograph of wood engraving. *The Builder*, 14 June 1862.
Wellcome Institute Library, London. L 7016.

George Godwin, Editor of *The Builder*, used his journal to highlight the problems of the slums and to advocate building new houses for the poor.

7. **First Report of the Royal Sanitary Commission, with the minutes of evidence up to 5th August 1869.** London: HMSO, 1870.
Wellcome Institute Library, London.

The 1869 Sanitary Commission argued that the piecemeal, permissive approach to public health should be left behind, and that there should be one responsible local authority for public health, presided over by a Ministry of Health.

8. **Second Report of the Royal Sanitary Commission.** Vol. 1. London: HMSO, 1871.
Wellcome Institute Library, London.

9. **The Aldgate pump in 1874.** Photograph.
Wellcome Institute Library, London. L 10341.

Gradually, good water supplies were supplied within towns, usually by a street pump, and later by mains water to each household.

10. **'Sufferers from the floods.'** Photograph. John Thomson. *Street life in London*. 1877.
Greater London Photograph Library. 40.2.

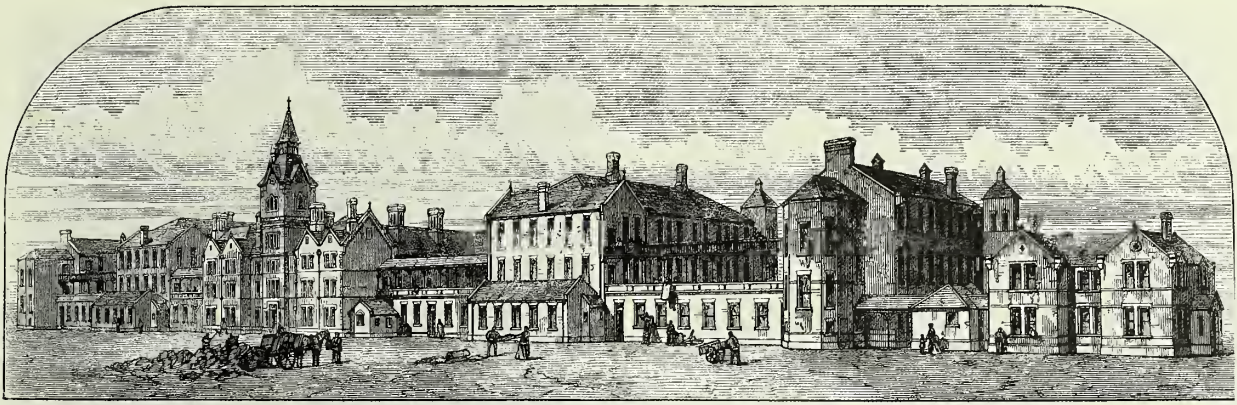
As photography became a social medium, it too was used to show the plight of those in need.

11. **'Any lights, sir?' King William Walk, 1884.** Photograph. Greater London Photograph Library. 40.2.

The poverty, malnutrition and ragged clothing of this boy was highlighted in this picture.



'Any lights, sir?' King William Walk, 1884.
Greater London Photograph Library. Case 1.11.



THE POPLAR AND STEPNEY SICK ASYLUM.

Poplar and Stepney Sick Asylum. For the reception of the pauper sick, under the provisions of Mr Gathorne Hardy's Metropolitan Poor Act (1867). *Illustrated London News*, 1871. Wellcome Institute Library, London. Case 2.4.

Case 2. MID-NINETEENTH CENTURY BRITAIN: HEALTH CARE PROVISION

Public health measures in the nineteenth century probably had a greater impact on health than did medical care. However, individuals when sick sought remedies from a variety of different sources. All classes self-medicated, then as now, and there were wide ranges of proprietary drugs sold either through chemists' shops or by itinerant drug sellers. The well-off when ill would expect a home visit from a physician or a surgeon. The poorer classes might pay a doctor to visit, or perhaps seek advice at the surgery of a general practitioner or at a chemist's shop. There were institutions too, but these were only for the poor. The so-called 'deserving poor'—labourers, domestic servants and the like—could seek treatment at the voluntary hospitals, institutions supported by the charitably-minded among the middle classes. Under the New Poor Law of 1834 the poorest in society could no longer seek parish relief to tide them over difficult times and keep them out of the workhouse. Such systems were regarded as morally undermining, and from 1834 it was the workhouse or nothing for those unable to support themselves. As the elderly and infirm swelled workhouse numbers, workhouse infirmaries steadily grew in size. For the mentally deranged among the poor, there were public lunatic asylums, while numerous private institutions existed for the better-off.

1. Prescription book of an unidentified London [Islington?] chemist. 1848-50.

Wellcome Institute Library, London. Western MS 3977.

Chemists played a significant part in medical care, not only in selling medicines, but also in prescribing and giving advice.

2. Ackland and Littlewood families, general practitioners, Bideford, Devon. **Day book recording visits to patients and medicines prescribed.** 1852-54.

Wellcome Institute Library, London. Western MS 5410.

General practitioners charged patients for treatment, but treated all classes.

3. W.E. Hodgkin after W.G. Smith. **Chalmers Hospital, Banff, Scotland.** Photograph of wood engraving. **The Builder**, 13 September 1862.

Wellcome Institute Library, London. L 14051.

Voluntary hospitals were for the 'deserving poor', and were supported by charity.

4. **Poplar and Stepney Sick Asylum. For the reception of the pauper sick, under the provisions of Mr Gathorne Hardy's Metropolitan Poor Act (1867).** Photograph. **Illustrated London News**, 1871.

Wellcome Institute Library, London. L 6797.

As the number of infirm and elderly in workhouses expanded, the workhouse infirmaries grew rapidly in size.

5. W.E. Hodgkin after B. Sly. **Hospital for the insane, Coton-Hill, near Stafford.** Photograph of wood engraving. **The Builder**, 30 September 1854, vol. 12, p.511.

Wellcome Institute Library, London. L 14056.

There was both public and private provision for the insane—for those who looked after paying patients, it was often a very lucrative business. This was a charitable institution.

6. Anon. **A travelling quack.** English nineteenth century. Wellcome Institute Library, London. L14773.

The quack has set his medicines up on a stall; behind it, a notice states that he can provide certain cures for toothache, earache, headache, heartache and fits.'

7. **Picture of a nineteenth century chemist's shop.**

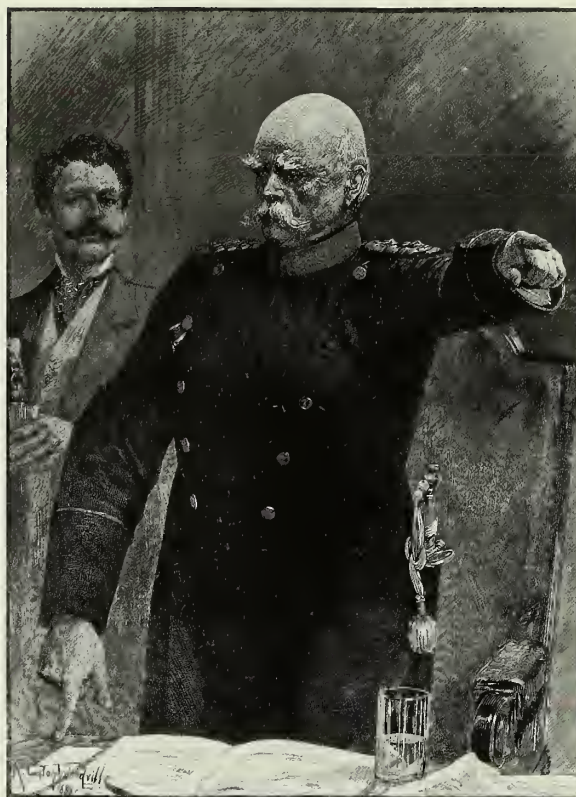
Wellcome Institute Library, London.

Case 3. CONTINENTAL MODELS VERSUS THE VOLUNTARY TRADITION

By the late nineteenth century, various European countries had systems for caring for their populations when sick. The idea that doctors and the state shall play a part in ensuring public health in the interests of social stability, had been promulgated by Johann Peter Frank, in his *System einer vollständigen medicinischen Polizey* (1779). It was a notion that ran through both continental and British thinking. In Russia from the 1860s there was a system whereby doctors made rapid visits to villages, giving their services free of charge. Both Norway and Sweden were developing an insurance system. But it was Germany which came to be regarded as the model for health insurance. As Germany unified its separate parts by the 1870s, particularly under the influence of the redoubtable Otto von Bismarck, new emphasis was placed on efficiency. For Bismarck, one way in which to ensure that the population was self-supporting, able to work, and to run a rapidly industrialising nation efficiently, was to introduce compulsory health insurance (1883).

A few were giving thought to such ideas in Britain at the time. However, the British tradition was of voluntarism. There were, of course, the voluntary hospitals, but there were also voluntary movements in insurance. Workmen clubbed together, contributing to funds which paid for doctors' services when they (and sometimes their dependants) became ill. Nascent insurance societies, as well as cooperative and friendly societies, were appearing. Some trade unions coordinated insurance.

There was, however, no state-run scheme. Between 1886 and 1905, the Conservatives dominated British politics, paying little regard to social legislation. A brief period of Liberal power in the early 1890s resulted in little change, blocked as they were by the Irish Nationalists, whose one goal was Irish Home Rule. Even when bills could be guided through the House of Commons, they foundered in the House of Lords, a foreshadowing of things to come.



Prince Bismarck addressing the German Reichstag. Illustrated London News, 1888.

Illustrated London News Picture Library. Case 3.2.

Thus, at the end of the nineteenth century, the social welfare of the poor depended greatly on whether they paid into a friendly society, lived close to a voluntary hospital, worked for an employer who assisted employees in need, or fell within the concern of a particular philanthropic group. There was a patchwork of such provision, but many were not eligible for the different forms of care available. For them, much hung on luck.

1. Johann Peter Frank. *System einer vollständigen medicinischen Polizey*. 2nd ed. Vol. 1. Mannheim: C.F. Schwan, 1784.

Wellcome Institute Library, London.

Frank's work on 'medical police', of which the first volume came out in 1779.

2. Prince Bismarck addressing the German Reichstag. Photograph. Illustrated London News, 1888.

The Illustrated London News Picture Library.

Bismarck's introduction of compulsory health insurance in Germany in 1883 served as a model for other European countries, including Britain.

3. Hospital Saturday Fund 'Streets Collection' Flags. 1892-1897.

Wellcome Institute Library, London. Special Collection.

In the absence of organised provision for health care, workmen often banded together to contribute to funds to assist them when ill. An outgrowth of this, which in turn assisted the voluntary hospitals, was the Hospital Saturday Fund. It secured contributions from workmen and in return purchased admission tickets for the voluntary hospitals.

4. Volunteers of the Liverpool Food and Betterment Association taking food to the sick poor. Photograph of a watercolour reproduction. **The Graphic**, 26 August 1899, p.292.

Wellcome Institute Library, London. L 899.

The tradition in Britain remained one of philanthropic voluntarism.

5. 'The Queen's Commemoration. 1837. 1897. Prince of Wales's Hospital Fund. 1/-.' Fund-raising stamps.

King Edward's Hospital Fund for London.

The Prince of Wales' Hospital Fund was set up in 1897 to commemorate Queen Victoria's Diamond Jubilee—and to raise money for the voluntary hospitals. People contributed by buying stamps.

6. Specimens of the 1/- and 2/6 stamps of the Prince of Wales's Hospital Fund. 18 May 1897.

King Edward's Hospital Fund for London.

Fund-raising stamps for the voluntary hospitals.

7. 'Electors—vote for representative government.' 1895. Photograph of Liberal poster.

John Johnson Collection, Bodleian Library, Oxford.

To the extent that social reform was considered when the Liberals were in power, the Conservative House of Lords was always poised to block such measures. This election poster illustrates the way in which reformers regarded the House of Lords, even in the mid-1890s.

8. Poplar Workhouse. 1905-08. Photograph.

Greater London Photograph Library. 20.61 POP.

In addition to voluntary assistance, there was the workhouse provision for the very poor.

9. Little Britain, Southwark. c.191-?. Photograph.

Greater London Photograph Library. 26.68 LIT.

At the end of the nineteenth century, many were still living in crowded accommodation.

10. 20 Birchfield Street, Poplar. Photograph.

Greater London Photograph Library. 26.68 BIR.

The kind of scenes highlighted in Booth's **Life and Labour of the People in London**.

11. Children following a water-cart in Cotton Street. c.1910. Photograph.

Greater London Photograph Library. Photo No. 1878.

Unexpected pleasures of sanitary measures.



School nurse examining child's head for nits. Chaucer Street School, 1911.
Greater London Photograph Library. Case 4.7.

Case 4. TURN OF THE CENTURY SOCIAL WELFARE

The period after the turn of the century saw the beginnings of change. In the wake of the Boer War (1899-1902), social policies began to be given high priority. The Boer War shocked the British ruling classes—mostly because of the unexpectedly and consistently poor health and physique of those seeking enlistment into the Army. This was no nation that could rule an Empire, it was argued, and there was talk and even a government report (1904) on physical deterioration and degeneration. Surveys such as B. Seebohm Rowntree's of York (1901), following Charles Booth's **Life and Labour of the People in London**, produced over

the last twenty years of the nineteenth century, pointed to the fact that at least a third of all children were being brought up in great poverty, hardly fitting them or their nation for a bright future. School and maternal health, therefore, became a growing concern.

The early years of the twentieth century saw a sharp increase in labour agitation, again a stimulus to action. In 1900 the Labour Party was formed, although it lacked influence for a number of years. The Conservative hegemony was finally broken in 1906, when the Liberals won an effective majority. Between 1906 and the First World War the Liberals succeeded, often against considerable opposition, in pushing through a number of social and political reforms.

The first programmes were on the school front: from 1906 poor children received free school meals, and in 1907 a school medical service was set up. By this stage many European countries had contributory pensions schemes. In 1908 the Liberals, with the Dissenter, H.H. Asquith, as Prime Minister, and another Dissenter, the Welsh populist David Lloyd George, as Chancellor of the Exchequer, introduced old-age pensions for the poor—not on a contributory basis, but paid for entirely by the state.

The budget required for this and other changes caused an enormous parliamentary storm, with the House of Lords seeking to overturn what had been decided in the Commons. Lloyd George now took the 'People's Budget' to the country; after two elections in 1910, and the threat of the mass creation of peers, the Liberals were finally able to get a Bill through Parliament in 1911 which destroyed the Lords' power of veto and in future meant that money bills by-passed them, opening the way for social reform.

1. **'Prince and Yeoman'; the Prince of Wales inspecting the Imperial Yeomanry for service in South Africa at Albany Street Barracks.** Photograph. **Illustrated London News**, 3 February 1900, cover.

The Illustrated London News Picture Library.

The nation had been shocked at the poor physique of those seeking to enlist in the Army for the War.

2. **'The return of the C.I.V.': the procession passing through the Strand.** Photograph. **Illustrated London News**, 3 November 1900, p.646.

The Illustrated London News Picture Library.

Volunteers such as the City Imperial Volunteers for the Army hardly seemed in fit shape to run the Empire that Britain confidently expected would flourish in the twentieth century as much as it had expanded in the nineteenth.

3. B. Seebohm Rowntree. **Poverty: a study of town life.** London: Macmillan and Co, 1901. Friends' House Library.

Rowntree's study was further confirmation of the poverty in which many British people lived. It intensified the concern about the unhealthiness of the nation.

4. **'The underfed school children'.** Labour Representation leaflet. 1906. Labour Party Library. JN 1129 329 (LAB).

The nascent Labour Party took up in this leaflet general concern about hunger among British children.

5. **Children queuing for free meals.** Photograph. **Living London**, 1900.

Mary Evans Picture Library.

The problem of underfed schoolchildren was addressed in 1906 by the provision of free school meals for poor children.

6. **'A Group of Mothers and Babies' and 'London County Council Lecturer giving a Cooking Lesson'.** Photograph. E.M. Bunting et al. **A school for mothers.** London: H. Marshall, [1907], facing p.62.

Wellcome Institute Library, London.

Many felt that maternal and infant welfare should be addressed in order to improve the health of the nation. It was frequently argued that malnutrition occurred because of working class ignorance of how to eat healthily, and these lessons were set up to correct this.

7. **School nurse examining child's head for nits. Chaucer Street School.** 1911. Photograph.

Greater London Photograph Library. 22.51 CHA.

The school medical service was established in 1907.

8. **Holland Street School. School doctor.** 26 May 1911. Photograph.

Greater London Photograph Library. 22.51 HOL.

The school medical service in operation.

9. Mrs Sidney Webb. **The Minority Report in its relation to public health and the medical profession.** London: Printed for the National Committee to Promote the Break-up of the Poor Law, 1910.

Trades Union Congress Library. RA 485.

In 1909 the Royal Commission on the Poor Law, set up by the Conservatives in 1905, came out with two reports—a majority and a minority set of recommendations. Both reports agreed that the old structure of the 1834 Poor Law should be dismantled, and that Poor Law functions should be passed to local government—as schools now were. The majority report recommended that the Poor Law machinery be transferred intact. The minority report, edited by the Fabian Beatrice Webb, urged the break-up of the Poor Law into different sections to reduce its charity stigma and proposed that positive state action should be taken to remedy the causes of poverty and unemployment. A public medical service should be set up with local authorities providing care.

10. G. Bernard Shaw. **Beatrice Webb at the time of the Poor Law Report.** Photograph. Margaret Cole, ed. **The Webbs and their work.** Hassocks: The Harvester Press, 1974, facing p.112.

Shaw was also a leading Fabian.

11. **England: the demonstration against the House of Lords in Trafalgar Square last Saturday.** Photograph. **The Graphic**, 1907.

Mary Evans Picture Library.

The demonstration was to mark opposition to the House of Lords' action in blocking social legislation.

12. **'Robin Hood:—I took from the rich and gave to the poor. You rob both.'** 1909-1910. Photograph. Poster No. 6, Budget Protest League Posters.

Conservative Party Archives, Bodleian Library, Oxford.

The Conservatives, through the Budget Protest League, argued that Lloyd George was penalising workers more than capitalists.

13. **'The Grab-All.'** [Pre-1914?] Photograph. Poster, National Union of Conservative and Constitutional Associations.

John Johnson Collection, Bodleian Library, Oxford.

In another attack on the Liberals and their measures, the Conservatives accused them of Socialism.

14. **'The unemployed and unemployable.' The dole queue.** Photograph. **Bibby's Annual**, 1911.

Mary Evans Picture Library.

Unemployed men queue for the payments they were now entitled to under Lloyd George's legislation. Despite the jibe about being 'unemployable', these men, in order to qualify for assistance, would previously have held jobs.

15. **'A family group.'** Cartoon in: Rt Hon David Lloyd George. **The Case for the Insurance Bill. Being a speech delivered at Whitefield's Tabernacle, October 14, 1911. Reynolds's Newspaper, the Leading Radical Weekly.**

Trades Union Congress Library. HD 7102.

The leaflet states that: 'It is now apparent that all Mr Lloyd George's great and beneficent financial schemes are closely related and spring directly from the great Budget of 1909, which the Peers tried to kill. They are all items in one vast policy to give freedom, health and opportunity for advancement to the whole of the People'. The emphasis is that the Great Budget of 1909, followed by the Bill to destroy the House of Lords' veto power, were the key to such reforms as the introduction of old age pensions and insurance. An additional reform that the Liberals advocated was the reform of Parliament—reducing Parliamentary terms from seven years to five and seeking the payment of MPs, so that they could be drawn from a wider social group.

TO THE RESCUE!



THE LIFEBOAT COMES AT LAST!

'To the rescue! The lifeboat comes at last!' Accompanying Rt Hon David Lloyd George. *The Case for the Insurance Bill*. Being a speech delivered at Whitefield's Tabernacle, 14 October 1911.

Case 5. DEBATES OVER NATIONAL INSURANCE

The second major plank in the Liberals' social welfare programme, in addition to pensions, was national health insurance. Lloyd George was the minister responsible for the measure, and one of the civil servants particularly involved in its preparation was W.H. Beveridge. The chief administrator was Sir Robert Morant, who was later to play a part in other welfare reforms. Part I of the Act provided a system of unemployment compensation for certain industries. Part II set up national health insurance, to provide medical care, maternity benefits and sick pay. Like the German insurance law, and unlike the Old Age Pensions Act of 1908, the scheme was contributory. Workers had fourpence a week deducted from

their pay packets for stamps which were pasted in insurance books. Employers added threepence, while the state contributed a further twopence.

The scheme was highly contentious: workers resented the compulsory deductions, the friendly societies and other insurance companies did not wish to lose their rights over insurance, the British Medical Association objected that its doctors would become part of a state service (poor law doctors and those who worked for the insurance groups had low status) and the Conservatives jibed that the freedom of the individual was undermined by compulsion and that the scheme hit workers more than 'capitalists'. Lloyd George countered by arguing that workers got 'ninepence for fourpence' and dealt with one group of vested interests, the insurance societies, by running the scheme through them rather than through the local authorities.

1. W.T. Stead, ed. **Coming men on coming questions. The Right Hon Sir John Gorst, MP, and the insurance of the working classes in Germany.** No. 17. London: [1905]. Trades Union Congress Library. HD 7102.

The German contributory insurance scheme served as the model for British National Health Insurance. Lloyd George visited Germany to assess it, as well as paying regard to what was written on the subject.

2. Rt Hon David Lloyd George. **The Case for the Insurance Bill. Being a Speech delivered at Whitefield's Tabernacle, October 14, 1911.** 'Sketch specially drawn for "Reynolds's Newspaper"'. **Reynolds's Newspaper, the Leading Radical Weekly.**

Trades Union Congress Library. HD 7102.

David Lloyd George was renowned for his oratory, and he took the case for national insurance round the country.

3. **'The Pitiiless Philanthropist.'** Mr Lloyd George. **'Now understand, I've brought you out to do you good, and good I will do you, whether you like it or not.'** Photograph of cartoon. **Punch**, 22 November 1911.

Mary Evans Picture Library.

Pictured here were some of the opponents of national insurance, including a servant and a working man, and their respective employers. Opponents emphasised the compulsory nature of the scheme.

4. **'The stamps-on-the-cards question: the Chancellor and servants.** Drawn by Frédéric de Haenen, our special artist at the meeting. The deputation discussing with Mr Lloyd George that part of the National Insurance Bill relating to domestic servants: Mrs Child, of the Leeds Insurance Tax Protest League, speaking.'

Photograph. **Illustrated London News**, 2 December 1911, p.911.

The Illustrated London News Picture Library.

Urged on by their employers, domestic servants made a particularly striking appeal to Lloyd George to think again.

5. **'To the rescue! The lifeboat comes at last!'** Cartoon in: Rt Hon David Lloyd George. **The Case for the Insurance Bill.** Photograph. 1911.

Trades Union Congress Library. HD 7102.

Liberal propaganda emphasised that the Insurance Bill would be a lifeboat to those wrecked on the rocks of unemployment and sickness.

6. **'The first day of the Insurance Act in London: burning a copy of the Act in Finsbury Circus on July 15.'** Photograph. **Illustrated London News**, 20 July 1912, p.94.

The Illustrated London News Picture Library.

The widespread nature of opposition to the Act—even among beneficiaries—is illustrated in this demonstration, in which clerks from the City of London, who would be forced to contribute to the scheme, burned a copy of the Act.

7. **What is this Insurance Act which the Tories abuse?** Liberal Party election poster. London: Liberal Publication Department, 3 July 1913.

Trades Union Congress Library. HD 7102.

The Liberals went to great efforts to explain the Act, as in this election poster.

8. **The right ticket for you! You are travelling on a safe line and are assured a safe return.** Liberal Party leaflet No. 2446.

London: Liberal Publication Department, [c.1912].

Trades Union Congress Library. HD 7102.

The emphasis was on 'ninepence for fourpence'. In return for the worker's contribution of fourpence he (or she) would benefit from a further fivepence contributed by the employer and state. Benefits would then be provided when the need arose, including free general practitioner and sanatorium treatment and a maternity grant.

9. **Why the Insurance Act was made compulsory and why it should remain compulsory.** Liberal Party leaflet No. 2505. London: Liberal Publication Department, 15 May 1914.

Trades Union Congress Library. HD 7102.

Conservative propaganda hinged on the compulsion element in the scheme and this was repeatedly countered by Liberal leaflets.

10. L.G. Chiozza Money, MP. **The truth about insurance. Hard facts versus Tory misrepresentation. Ninepence for fourpence.** **The Daily Chronicle.** Leaflet No. 2. [c.1912.] Trades Union Congress Library. HD 7102.

A series of leaflets aimed at explaining the benefits of the Act for different categories of people.

11. L.G. Chiozza Money, MP. **The truth about insurance. Hard facts versus Tory misrepresentation. The consumptive workman.** **The Daily Chronicle.** Leaflet No. 3. [c.1912.]

Trades Union Congress Library. HD 7102.

12. L.G. Chiozza Money, MP. **The truth about insurance. Hard facts versus Tory misrepresentation. Insurance for the old.** **The Daily Chronicle.** Leaflet No. 4. [c.1912].

Trades Union Congress Library. HD 7102.

13. L.G. Chiozza Money, MP. **The truth about insurance. Hard facts versus Tory misrepresentation. 'Life Pensions' for those who can no longer earn their living.** **The Daily Chronicle.** Leaflet No. 5. [c.1912].

Trades Union Congress Library. HD 7102.



Great Northern Central Hospital, Holloway Road, London. The outpatient waiting hall, August 1912.

Wellcome Institute Library, London. Case 6.5.
Hospitals had to supplement insurance assistance.

Case 6. THE NATIONAL INSURANCE ACT (1911) IN OPERATION

The National Insurance Act came into operation in 1912. Opposition to it continued, yet things began to change quite rapidly. Lloyd George had largely silenced the insurance societies by using them to administer the system, and other groups shifted their positions too. The British Medical Association urged a boycott of the system on the grounds of 'government interference' in the profession. However, for the majority of doctors, the prospect of an assured income overcame opposition to the measure. They rushed to join, and by January 1913 Lloyd George announced that there were now 10,000 doctors on the panel of those registered to treat insurance patients. Doctors had resigned from the BMA to join the panel, and the BMA now found it necessary to back down and release its members from the boycott. Patients

too found that benefits outweighed the disadvantages. In fact, the main disadvantage seemed to be that the scope of the provision was not wide enough. It covered only working people earning under £160 a year, not their dependants, nor the elderly, nor children. It was haphazard in administration and in the types of benefit given, as some of the 7,000 approved societies added their former provision while others did not. It covered general practitioner care and sanatorium treatment for tuberculosis cases, but did not cover hospital care, at a time when this was becoming increasingly important. The voluntary and poor law hospitals were expected to supply this need, and it was not anticipated that additional provision needed to be made. It was also argued that since GPs were paid a capitation fee—for each patient on their list—there were incentives to have long lists, to deal with patients cursorily, and to collect their fees without full investigation and treatment.

1. **National Health Insurance.** In *The Public General Acts passed in the first and second years of the reign of His Majesty King George the Fifth, 1911.* London: HMSO, 1911. 1 & 2 Geo. 5, cap.55, pp.337 ff.
Department of Health and Social Security Library.
The National Insurance Act, 1911.

2. 'All about the National Insurance Scheme: Mr Lloyd George's plan for helping the sick and the workless. Full text and analysis of the greatest social reform of modern times.' *Daily Chronicle Extra*. [c.1911.]
Trades Union Congress Library. HD 7102.
Through Liberal outlets, the scheme was carefully explained.

3. F. Lawson Dodd. **A national medical service.** Fabian Tract No. 160. London: Fabian Society, November 1911. Fabian Society.
Fabian interest in such measures was long-standing.

4. 'A general view. A shelter partly closed, showing how the patient may be protected from wind and rain when necessary.' Photograph. H.H. Marrett, 'The open-air treatment of phthisis and other tuberculous affections by an improved form of shelter', *St Bartholomew's Hospital Journal*, 1908, vol. 15, pp.116-117 and plate facing p.120. Wellcome Institute Library, London. L 15443.
In terms of what the Act meant to patients, it was important that sanatorium treatment for tuberculosis was included.

5. **Great Northern Central Hospital, Holloway Road, London. The outpatient waiting hall, August 1912.** Photograph.
Wellcome Institute Library, London. L 17733.
It was soon considered to be a fault with the new system that it did not include general hospital treatment, as increasing numbers applied both to be outpatients and inpatients at the voluntary and poor law hospitals.

6. George Belcher. 'Loafer (who has forced his attentions on old lady in the matter of her luggage and received a small gratuity). 'This is the fust job I've had this week, Lidy. Wot abaht me frippence fur me Insurance Stamp?' Photograph of cartoon. *Punch*, 1913, vol. 144, p.341. Wellcome Institute Library, London. L 773.
Even the apparently work-shy wanted to jump on the bandwagon of insurance once it was under way.

7. National Insurance Acts, 1911-13. **List of societies approved by the National Health Insurance Joint Committee and by the National Health Insurance Commissioners for England, Scotland, Ireland and Wales.** List 14 (a). London: HMSO, 1913.
Trades Union Congress Library. HD 7102.
National Insurance was administered through a wide range of approved societies. The complexity of the system can be glimpsed from this list.

8. **The same old game. The Tory notion of SOCIAL REFORM is to shelve it! Do YOU want it shelved?** Leaflet no. 2483. London: Liberal Publication Department, 7 January 1914.
Trades Union Congress Library. HD 7102.
The Liberals continued a propaganda war against the Conservatives over National Insurance.

9. Charles A. Parker. **Should the medical profession be a state service?** Reprinted from *Progress*, October 1912. Trades Union Congress Library. RA 485.

The medical profession held very mixed views about insurance. The British Medical Association urged opposition, for fear of a state service developing, but most doctors were quite ready to boost their often precarious incomes by being on the panel.

10. **The express panel doctor.** Cartoon. *Punch*, 1913, vol. 144, p.138.
Wellcome Institute Library, London. L 772.

The panel doctor became renowned for the shortness of his house-call. Paid a capitation fee, he seemed to have no incentive to make more than a flying visit.

11. **Ford, Shapland & Co. National Health Insurance prescription book.** Photograph of advertisement. *British and Colonial Druggist*, 1913, vol. 63, p.47.
Wellcome Institute Library, London. L 761.
What the well-equipped panel doctor required.

12. T.J. Macnamara, M.P. **The Great Insurance Act. A year's experience.** London: The Liberal Publication Department, 1913, pp.8 and 9.
Trades Union Congress Library. HD 7102.
'A few typical cases' were intended to convince doubters of the usefulness of the Act.

13. National Insurance Acts, 1911 to 1913. **Report for 1913-14 on the administration of National Health Insurance.** Cmd. 7496. London: HMSO, 1914.
Trades Union Congress Library. HD 7102.
Frequent government reports were now required to assess the workings and costs of the scheme.

14. National Health Insurance. **Medical benefit under the German sickness insurance legislation.** Cmd. 6581. London: HMSO, 1913.
Trades Union Congress Library. HD 7102.
Given the inspiration of the German model, it is not surprising that there was continued interest in its operation.



Stretcher-bearers.

Wellcome Institute Library, London. Case 7.2.

Case 7. THE GREAT WAR

The First World War (1914-18) caused enormous upheaval at all levels of society, in medicine no less than elsewhere. The government, at first under Asquith and from 1916 under Lloyd George, took unprecedented steps to produce a nation able to fight. The Defence of the Realm Act of 1915 enabled the government to conscript, to take over factories, and to undertake a range of other measures which went against the grain of nineteenth-century liberalism, and, arguably, paved the way for the decline of liberalism and the expansion of state involvement at every level of national life.

On the medical side, the war produced new challenges. The troops were not fighting this time in the dry conditions of South Africa, but in the bacteria-laden trenches of Flanders. New weaponry, the use of poison-gas, the psychological problems of trench warfare, as well as appalling conditions, all presented the Royal Army Medical Corps with major problems. During the War, a system was worked out for conveying the wounded back to base for treatment. Using the principle of the production line, so effectively implemented in new industries (particularly in America), stretcher-bearers would carry the wounded to first aid posts. From this point they would, if necessary, progress to casualty clearing

stations, where further emergency work would be carried out and priority cases decided upon, before patients were passed down the line, perhaps by hospital train to base hospitals or back to Britain by boat for further treatment and convalescence. Such a system assumed different needs at the different stages. It also emphasised hospital care. Surgery itself was considerably extended, expanding on the practices which had been adopted in the 1890s and 1900s, which in turn were based on the use of anaesthesia and the development of antiseptics and asepsis.

By the end of the War, doctors who had served in France had become well-practised in surgery and expected to work with institutional back-up. The notion that institutions were indeed major centres for care had spread beyond the lower classes: the middle classes, too, were coming to see them as appropriate for their own care. All these factors were to be important as Britain turned to reconstruction when the Great War finally came to an end on 11 November 1918.

1. Handkerchief. First World War.

Lindsay Granshaw.

A present from a soldier to his fiancée.

2. Stretcher-bearers. Photograph.

Wellcome Institute Library, London. L 9348.

The system for conveying wounded soldiers along the line started with stretcher-bearers.

3. Transport of wounded. Photograph.

Wellcome Institute Library, London. L 9410.

The wounded were conveyed on a makeshift cart on rails.

4. Advanced dressing station. Photograph. *The Daily Mail*.

Wellcome Institute Library, London. L 9224.

Wounds were dressed here.

5. Collecting point. Photograph.

Wellcome Institute Library, London. L 9034.

It was intended that there should be careful sorting according to severity and type of wound.

6. Casualty clearing station, Grevillers (Bapaume), 21 March 1918. Wounded awaiting transport. Photograph.

Wellcome Institute Library, London. L 9184.

The wounded were gathered at casualty clearing stations for sorting into appropriate groups.

7. Operating Theatre, Wimereux. Photograph.

Wellcome Institute Library, London. L 8872.

Surgery was carried out at base hospitals.

8. Ward in the Princess Christian Hospital Train. Photograph. *The Daily Mirror*.

Wellcome Institute Library, London. L 9505.

The next stage on the line might be an ambulance train heading for the coast.

9. Ambulance train: The 'Khaki' Milles A.T. Boulogne. Photograph.

Wellcome Institute Library, London. L 9234.

An ambulance train at Boulogne.

10. No. 1 Field surgery pannier, 1905 pattern. Photograph.

Wellcome Institute Library, London. L 9486.

Surgery was consistently extended in the War, and it was assumed that field doctors would need well-equipped, portable surgical panniers.

11. Mobile bacteriological laboratory: view of the interior. Photograph.

Wellcome Institute Library, London. L 9072.

With the germ theory firmly established, mobile bacteriological laboratories were regarded as essentials in the First World War.



Lloyd George at Lampeter Station, Wales, in 1919.
BBC Hulton Picture Library. Case 8.2.

Case 8. TO RECONSTRUCT AN IMPERIAL NATION?

The Great War was supposed to be the war that ended all wars, and at its close a bright future was anticipated. In 1918 a Maternal and Child Welfare Act gave local authorities statutory responsibilities in these areas. The establishment of the Ministry of Health in 1919 seemed to foreshadow ambitious plans for health care. Dr Christopher Addison, the first Minister of Health, oversaw a total review of the structure of health provision: Lord Dawson of Penn, Chairman of the Consultative Council on Medical and Allied Services, issued his report on the subject in 1920. It was intended as an interim report, but it was never followed by a second.

The Dawson Report took as an assumption the progress of modern medicine, arguing that all should gain access to its benefits, regardless of class. It did not address the question of financing a new system—whether through tax or other measures: that was intended to await further consideration. The models of the war inspired the system now proposed. The Report recommended that health centres—groupings together of doctors and other staff in a fashion not seen in civilian practice—should be fundamental to the system. There should be primary health centres, where general practitioners would work, carrying out minor operations as well as giving routine advice and prescriptions. If a patient suffered from a severe problem, then he or she should be referred, down the line in the manner of wartime practice, to a secondary health centre based on a hospital.

In the end the question of how the system would be financed hardly arose, as many post-war reconstruction schemes foundered on financial retrenchment. Moreover, Lloyd George was occupied on the international stage, as the Treaty of Versailles and its aftermath were worked out. The strains of the war years, and in particular, mixed feelings about the Defence of the Realm Act, meant that state intervention on the scale anticipated by Dawson was not favoured: Reconstruction in the Second World War was to prove a different matter. After the Great War, the imperial nation was expected to battle on, but not with extended state assistance to its people.

The Defence of the Realm Act (DORA), passed in the First World War, had seemed a great constraint. As DORA is seen to cling on here, so the cartoon helps to explain why the government was reluctant to take further action which seemed to prolong or extend state control.

8. **Innes H. Pearse and Lucy H. Crocker. The Peckham experiment; a study in the living structure of society.** London: George Allen and Unwin for the Sir Halley Stewart Trust, 1944.

Few health centres were set up. The famous Peckham health centre was an exception, but it was far more and far less than Dawson intended. It became a community centre, stressing positive health, but in effect was restricted to lower middle class families, and was not available to all members of society.

1. **Armistice Day in London.** Photograph. 1918.
Mary Evans Picture Library.

With the Great War at an end, there were high hopes for a bright future.

2. **Lloyd George at Lampeter Station, Wales, in 1919.** Photograph. BBC Hulton Picture Library.
Lloyd George addressing the crowds.

3. **David Lloyd George leaving the Trianon Palace, 1919.** Photograph.
BBC Hulton Picture Library.
Lloyd George's close involvement in negotiations over the Versailles Treaty distracted him from reconstruction at home.

4. **The Labour Party. The organisation of the preventative and curative medical services and hospital and laboratory systems under a Ministry of Health. The position of the General Medical Practitioners in a reorganised system of public health. The Ministry of Health.** London: The Labour Party, [1919].
Trades Union Congress Library. RA 485.
The Advisory Committee on Public Health.
With the creation of a Ministry of Health in 1919, the Labour Party argued for a greater state role in the organisation of health care.

5. **Lord Dawson of Penn (1865-1945).** Photograph.
BBC Hulton Picture Library.
Dawson was Chairman of the Consultative Council on Medical and Allied Services, which issued a radical report on future health provision.

6. **Ministry of Health. Consultative Council on Medical and Allied Services. Interim Report on the future provision of medical and allied services.** Cmd. 693. London: HMSO, 1920.
Wellcome Institute Library, London.
The Dawson Report proposed primary and secondary health centres as the organisational structure for a service available to all at time of need.

7. **'The old woman of the sea.'** Photograph of cartoon.
Punch, 13 August, 1919.
Mary Evans Picture Library.



**THE MARCH TO LONDON OF MEN FROM THE DISTRESSED AREA AT JARROW :
THE MARCHERS PRECEDED BY MEN CARRYING THEIR PETITION.**

The march to London of men from the distressed area at Jarrow: the marchers preceded by men carrying their petition. Illustrated London News, 31 October 1936.

The Illustrated London News Picture Library. Case 9.10.

Case 9. INTERWAR

The interwar period saw considerable social and political change in Britain. It saw the decline of the Liberal Party and the rise of the Labour Party, as the franchise was widened in 1918 to include all adult men and some women and in 1928 to include all adults. The interwar years saw periods of prosperity and an expanding middle class contrasting starkly with the poverty, unemployment, hunger and deprivation of the poorer classes. Thought was given to health and social

security. The National Health Insurance income limit was raised in 1920 to £250, but there was frequent demand for a higher limit and more extensive coverage. By 1939 90% of GPs were on the panel. Fringe organisations which were to have great influence later—such as the Socialist Medical Association (SMA)—were giving more radical consideration to health care. The SMA was established in 1930 by left-wing doctors, with the specific aim of bringing about a National Health Service. Their ideas were to play a major part in the planning for the NHS: by 1934 the Labour Party was committed to a free health service.

The outpatient departments of hospitals were full to overflowing, especially as the trend towards the middle classes attending hospitals continued. In 1929 the Local Government Act transferred many of the former workhouse infirmaries from the parish guardians to the local councils, a step on the way to their acceptance of these infirmaries as town hospitals to which all might go. The local authority hospitals were considered second class, however, in comparison with their voluntary hospital counterparts. Reflecting this, it was the local authority hospitals which were supposed to cooperate with the voluntary hospitals: little was said about cooperation being two-way.

But the voluntary hospitals were running into severe difficulties—staff costs, outpatient demand, increased numbers of operations and use of medical technology—placed the voluntary hospitals in their gravest position yet. The Hospital Savings Association and the British Provident Association, providing insurance for the working and middle classes, helped to keep the hospitals afloat, but by 1939 most hospital governors and doctors agreed that some state funding would be required. What few built into the equation was that the state should be able to ask anything of them in return.

1. County Borough of Southampton Health Dept. **Temperature and pulse record.** Patient: Mrs Jacops. 14 January [1920]. Privately held.

The child was born at home, and the working-class mother suffered a serious case of infection and fever, but nevertheless was not moved to hospital. Even in 1920 members of the working classes did not necessarily regard hospitals as appropriate places in which to be treated, even when seriously ill, but this was steadily changing.

2. **St Anne's School Brookfield. Children provided with spectacles.** [c.1920s]. Photograph. Greater London Photograph Library. 22.51 St ANN.

A statement accompanies the photograph: 'A group of children from the Mixed and Infants' Depts showing the good response to the efforts of the Care Committee and Head Teachers to ensure the provision and use of glasses for the correction of squint and other visual defects'.

School health formed a major part of public health concern in the interwar period.

3. King Edward's Hospital Fund for London. **Why a modern hospital costs so much.** [1929]. Trades Union Congress Library. RA 987.

The voluntary hospitals ran into acute financial problems in the 1920s and 1930s.

4. **Invitation card for 'Dr Read and Lady' from Her Grace the Duchess of Marlborough and the Committee of Queen Mary's Hospital for the East End to the thirty-second annual festival dinner to be held at the Hotel Victoria, Northumberland Avenue, on Monday the 25th November, 1935.**

Wellcome Institute Library. Contemporary Medical Archives Centre. Ephemera Collection.

Fund raising for the voluntary hospitals required constant work and ingenuity. Festival dinners, were a mainstay, becoming a feature of the social calendar.

5. King Edward's Hospital Fund for London. **Provision for the professional and middle classes at voluntary hospitals in London.** London: Geo. Barber and Son, 1937.

Trades Union Congress Library. RA 987.

From before the First World War, the King's Fund had bowed to the inevitable and permitted voluntary hospitals to admit paying patients. By the 1930s, this was a crucial source of income for some hospitals.

6. **'Help our mothers with anaesthetics.' Mrs Baldwin's appeal. National Birthday Trust Fund.** Flags. [Early 1930s.]

Wellcome Institute. Contemporary Medical Archives Centre. Archives of National Birthday Trust Fund.

Voluntary activity continued on a number of fronts and a number of issues.

7. Socialist Medical Association. **Constitution.** 1930. Brynmor Jones Library, University of Hull. Socialist Medical Association Papers, DSM (2). Miscellaneous, Number 13d.

The Socialist Medical Association, founded in 1930, had as an explicit aim the establishment of a National Health Service. Linked to the Labour Party, it generated ideas that proved influential later.

8. T.S. Newman and A.G. Lee. **News Chronicle Guide to National Health Insurance. Foreword by Rt Hon D. Lloyd George.** Revised edition, London: News Chronicle Publications Department, 1933.

Trades Union Congress Library. HD 7102.

National Insurance was by now an established national institution.

9. **The public health of London: Labour wants a first rate health and hospital service for the metropolis.** London Municipal Pamphlet No. 13. London: London Labour Publications, 1934.

Trades Union Congress Library. RA 485.

A report of the London Labour Party's Health Research Group. In 1934 the Labour Party committed itself to the creation of a free national health service.

10. **The march to London of men from the distressed area at Jarrow: the marchers preceded by men carrying their petition.** Photograph. **Illustrated London News**, 31 October 1936, p.780.

The Illustrated London News Picture Library.

'A party of men from the distressed area at Jarrow-on-Tyne set out to march to London to present a petition at the Bar of the House of Commons. The object of the march was stated to be the expression of the community's deep sense of despair and a demonstration to the country of the plight of the distressed area.' After the closure of a shipbuilding firm, three-quarters of the insured workers in Jarrow were unemployed. The famous Jarrow March left its mark on the public imagination.

11. **'National health number.'** *The Times*, 30 September 1937.

Trades Union Congress Library. RA 485.

The interwar emphasis on positive health, rather than simply the cure of disease, can be clearly seen here. Very similar approaches were being taken in other European countries.

12. **Glasgow Empire Exhibition, 1938. Fitter Britain exhibit: the model health clinic.** London: HMSO, 1938. Trades Union Congress Library. RA 485.

Although health clinics were few and far between in reality, Examples such as Peckham and Finsbury were held up as models, and in this exhibition it was emphasised that positive health could best be achieved through health clinics.

13. **Comparison of average heights for the years 1911 and 1938. County of London. Elementary school children.** Charts. July 1939.

Greater London Photograph Library. 22.51.

It was felt that much had been done for the health of children since the introduction of improved provision, as it was hoped this chart would show.

14. **Workhouse. Cedars Lodge. Reading room, January 1939.** Photograph.

Greater London Photograph Library. 20.61 CED.

Men and women were still usually segregated in the workhouse. Although the local authorities took over a number of poor law infirmaries in 1929, most of the elderly remained in old workhouses overseen by Public Assistance Committees.

15. **Earlsfield House, dinner, January 1939.** Photograph.

Greater London Photograph Library. 20.61. EAR.

Workhouses took in abandoned children.

16. **St Marylebone Institution. Women's dormitory, 1st floor, S.E. block.** 10 November 1937. Photograph.

Greater London Photograph Library. 20.61 St MAR.

Accommodation in the workhouse remained stark.

17. **Welfare inspector's visit, Hoxton.** January 1939. Photograph.

Greater London Photograph Library. 22.5. HOX.

Welfare visiting in the interwar period was seen as crucially important to maternal and child care.

18. **A general medical service for the nation.** London: British Medical Association, 1938.

Trades Union Congress Library. RA 485.

The BMA also emphasised that positive health should be available to all, but mainly addressed the question of national insurance, arguing that it should be extended to dependants, although it was not recommended that the income limit be raised.

19. **'Do we want a state medical service?'** Photograph. *Picture Post*, vol. 24 no. 7, 1759.

BBC Hulton Picture Library.

Lord Dawson of Penn is among members of the medical profession discussing whether a state medical service was required.

20 Richard M. Titmuss. **Poverty and population: a study of contemporary social waste.** London: Macmillan and Co., 1938.

Works by Titmuss and others challenged the political parties to address the question of health and social security. They were commanding increasing popular support.

ROYAL INTEREST IN DEEP RAID SHELTERS.



Royal interest in deep raid shelters. *Illustrated London News*, 23 November 1940.
The Illustrated London News Picture Library. Case 10.5.

Case 10. THE SECOND WORLD WAR

As the coming of the Second World War seemed more and more inevitable, so plans were made for medical care within it. Above all, it was believed that there would be immediate and massive casualties from air raids, and precautions needed to be taken accordingly. It was expected that civilian casualties would far outnumber military dead and wounded in this war, in the event a false assumption. The Emergency Medical Service, which came into action as the war began, was built on this premise. Basing a regional pattern on the Cancer Act of 1939, the service sought coordinated care within each of twelve regions. All hospitals could be called upon to form part of the Emergency Hospital Service, and were classified as to the type of case they could and should treat. Hospitals suddenly found themselves cooperating in a way which had seemed almost unthinkable before the war—and dependent on government finance to bail them out of their problems.

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The war, too, has been seen as the crucible for the NHS in other ways. It brought all classes into contact; and the Blitz of the East End, if it did not totally reconcile the middle classes to taking in evacuated working class children, may indeed have had an effect in pulling different groups together.

1. **Cancer Act 1939.** 2 & 3 Geo 6, cap. 13. London: Eyre and Spottiswoode for HMSO, 1939.
Department of Health and Social Security Library.

The Cancer Act, based on regional organisation, was not put into effect, but nevertheless served as a model first for the Emergency Medical Services, and later for the NHS itself.

2. Emergency Medical Services. **Memorandum No 2 (England and Wales). Emergency Hospital Organisation.** London: HMSO, 1939.
Trades Union Congress Library. RA 987.

The Emergency Medical Service was set up in the expectation of high civilian casualties. Extensive control of disparate hospital and other medical services was set in place in the interest of the war effort.

3. **Edward Square [St Thomas's Hospital] after bombing during World War II.** E.M. McInnes. *St Thomas' Hospital.* London: George Allen and Unwin, 1963, facing p.160.

Bombing of civilian targets was expected.

4. A.M.H. Gray and A. Topping. **Ministry of Health. Hospital survey: the hospital services of London and the surrounding area.** London: HMSO, 1945.
Trades Union Congress Library. RA 987.

To establish what facilities were available, hospital surveys were undertaken, first by the newly formed (1939) Nuffield Provincial Hospitals Trust and then by the Ministry of Health. The information proved useful later when the NHS was being planned.

5. **Royal interest in deep raid shelters.** *Illustrated London News*, 23 November 1940, p.655.
The Illustrated London News Picture Library.

'Their Majesties' inspection of London air-raid shelters on November 14: the Queen with the King standing behind, talking to children occupying newly installed bunks in a deep shelter in South London.'

The Blitz has been considered a factor in the establishment of the NHS, by pulling the classes together.

6. **The miracle of the penny. Don't let this great work be crippled for lack of funds!** Red Cross penny-a-week fund, 1942.
Trades Union Congress Library. RA 960.

Blood transfusion, run by the Red Cross, expanded rapidly into a full-scale service in the war, and was taken on as such into the NHS.

7. Central Council for Health Education. **Prevent influenza by following these instructions. And Use your handkerchief whenever you sneeze or cough. The air is laden with germs through coughing and sneezing. Try to avoid infecting others—cover your nose and mouth.** Advertisement for posters available from Central Council for Health Education. [1943.]

Trades Union Congress Library. RA 485.

The Government issued a number of public information leaflets during the war, in an attempt to keep the population as healthy as possible.

8. Central Council for Health Education. **Health for the worker.** London: Curwen Press, 1942.

Trades Union Congress Library. RA 485.

Part of the Government's pro-health campaign.

9. **How to keep well in wartime.** Issued for the Ministry of Health by the Ministry of Information. London: HMSO, 1943.

Trades Union Congress Library. RA 485.

10. **War and the medical services. What is happening to the people's health.** London: Labour Research Department, [1940].

Trades Union Congress Library. RA 485.

'This pamphlet is the work of the Joint Medical Socialist Committee . . . consisting of members of the Socialist Medical Association, Left Book Club Medical Group and University Labour Federation'

11. **Britain's health services. A Memorandum issued by the Communist Party of Great Britain.** London: Langley and Sons, 1942.

Trades Union Congress Library. RA 485.

The Communist Party was not a strong voice, but contributed here to the debate on health.

12. **Ration Books.**

Robin Price.

Rationing in food and clothing was introduced in the war. The Government made systematic efforts to supplement the food for mothers and children, often providing them with higher standards of nutrition than they achieved before the war.



'British democracy wants my plan and what British democracy wants, it will get.' *Picture Post*, 7 August 1943.
BBC Hulton Picture Library. Case 11.9.

Case 11. RECONSTRUCTION AGAIN?

Formulated in 1941-42, at a time of despondency about the progress of the war, plans for reconstruction became of crucial propaganda importance. Reconstruction plans had been considered *after* the First World War: in the Second, they were well under way three years before its close. Through leaflets and general propaganda, the plans for the new Britain became widely known, accepted and expected. It would have taken a strong government to have resisted such expectations.

The key to the question of welfare was the Beveridge Report of 1942, in which Sir William Beveridge described a comprehensive social security scheme. Crucially, he stated as an assumption that this would be complemented by a National Health Service. Beveridge's Report was summarised officially and unofficially so that his 'assumption' became very familiar. He argued that

health care should be available to all, regardless of ability to pay. Doctors should be employed by the state much as civil servants were. The Ministry of Health was now forced to give detailed thought to a National Health Service. By late 1942 the Reconstruction Priorities Committee of the Cabinet was considering a range of plans for the future. Within the Coalition Government there was divided opinion, however: Churchill and the Conservatives warned against plans and promises which they regarded as impossible to fulfil in the future.

1. David Low. 'What, again?' Photograph of cartoon. *Evening Standard*, 8 March 1943.
Centre for the Study of Cartoons and Caricature, Canterbury. DL 1987.
Compares reconstruction in 1919 and 1943.

David Low, the cartoonist, noted here that 'Reconstruction' sounded only too familiar nothing: would be done. However, there was an important difference: the earlier Reconstruction was in 1919—*after* the war—whereas the later one was in 1942-43, during the war. A range of new proposals became widely accepted.

2. Sir William Beveridge. **Social Insurance and Allied Services. Report.** Cmd. 6604. London: HMSO, 1942. Wellcome Institute Library, London.

Beveridge was asked to survey social insurance and allied services. He took his commission far beyond that, and urged radical reform including both comprehensive social security and a national health service. The Report came out in his name, to distance the Government from it.

3. **Social Insurance and Allied Services. The Beveridge Report in Brief.** London: HMSO, 1942. Trades Union Congress Library. HD 7165.

Official summary of the Beveridge Report. There was great demand for such summaries.

4. **News Chronicle** and **The Star. Guide to the Beveridge plan for social security; the scheme simply explained.** London: **News Chronicle** and **Star** Publications, 1942. Trades Union Congress Library. HD 7165. Popular summary.

5. Joan Simeon Clarke. **Unless we plan now: social security.** Handbooks for Discussion Groups, No. 14. London: Published for the Association for Education in Citizenship by the English Universities Press, [1943]. Trades Union Congress Library. HD 7165.

This pamphlet emphasises that early planning was required: 'Defeat of Hitlerism is necessary so that there may be freedom', Clarke quoted from Franklin D. Roosevelt, 'but this war, like the last war, will produce nothing but destruction unless we prepare for the future now, unless we plan now for the better world we mean to build'.

6. J. Smyth. **Social security.** Post War Discussion Pamphlets, No. 1. London: Odhams Press, 1944. Trades Union Congress Library. HD 7165.

Produced in 1944, this was one of a series of 'post war discussion pamphlets'.

7. Joan S. Clarke and Laurence E. Coward, compilers. **Beveridge quiz.** Fabian Special No. 5. London: Fabian Publications, 1943. Trades Union Congress Library. HD 7165.

In the form of a quiz, this pamphlet sought to familiarise people with the contents of the Beveridge Report.

8. British Institute of Public Opinion. **The Beveridge Report and the public. What Britain thinks of the Beveridge Report as shown by a Gallup Poll by the British Institute of Public Opinion.** London: **News Chronicle** and British Institute of Public Opinion, 1942. Trades Union Congress Library. HD 7165.

A Gallup Poll of public opinion discovered the astonishing fact that 95 per cent of the public had heard about the Beveridge Report. Greatest interest was found in the Report among the poor, but there was general approval of it, and 'overwhelming agreement' that it *should* be put into effect, although scepticism about whether it *would* be. Such interest and knowledge was quite astounding given the normal level of interest in government reports.

9. 'British democracy wants my plan and what British democracy wants, it will get.' 'Sir William Beveridge talks to the Social Security League. Edward Hulton gives a party at his house, where Members of Parliament, peers, journalists, social workers and others meet, talk and ask

questions. Many of them are members of the Social Security League, founded to press for the adoption of the report. Mrs Barbara Wootton, the League's chairman, keeps order among a crowded and eager audience.' **Picture Post**, 7 August 1943. BBC Hulton Picture Library.

Beveridge was a fierce advocate of social security and never lost an opportunity to explain his proposals.

10. David Low. 'Direct-hit job.' Photograph of cartoon. **Evening Standard**, 2 August 1943. Centre for the Study of Cartoons and Caricature, Canterbury. DL 2049.

Beveridge was seen to devastate old vested interests.

11. David Low. 'Right turn.' Photograph of cartoon. **Evening Standard**, 3 December 1942. Centre for the Study of Cartoons and Caricature, Canterbury. DL 1950.

Such cartoons assisted in the widespread diffusion of information about the Beveridge Report.

12. Brian Thompson, M.D. **A letter to a doctor.** Fabian Letter, No. 6. London: [1942]. Fabian Society.

The Fabian Society brought out a series of pamphlets on reconstruction in health.

13. R.B. Thomas. **The health services: 1. Maternity and child welfare. The school medical service. The tuberculosis service.** Fabian Society, Research Series No. 49. London: Fabian Society and Victor Gollancz, [May 1940]. Fabian Society.

14. Somerville Hastings. **The health services: 2. The hospital services.** Fabian Society, Research Series No. 59. London: Fabian Society and Victor Gollancz, [December 1941]. Fabian Society.

Somerville Hastings, a prominent member of the Socialist Medical Association, had long advocated a health service.

15. David Low. 'There's a war on. I hear our gallant ally on the western front is about to take an important town called Beveridge.' Photograph of cartoon. **Evening Standard**, 18 February 1943. Centre for the Study of Cartoons and Caricature, Canterbury. DL 1981.

Cartoon illustrating mixed feelings towards the Beveridge Report among the establishment.

16. David Low. 'Dammit, young man, we mustn't put the cart before the horse!' Photograph of cartoon. **Evening Standard**, 26 June 1944. Centre for the Study of Cartoons and Caricature, Canterbury. DL 2186.

Cartoon illustrating the mixed reactions to the Beveridge Report.

17. Joe Lee. 'Not so much of that "cradle to the grave" stuff, young 'Erbert. Grandpa's sensitive'. Photograph of cartoon. **Evening News**, [5 October 1944]. Centre for the Study of Cartoons and Caricature, Canterbury. Lee 5650.

Cartoon illustrating the wide-ranging nature of the Beveridge Report.



David Low. 'Um . . . h'mm . . . don't be alarmed. Whatever's the trouble, you're not going to die from enlargement of the social conscience.' *Evening Standard*, 14 December 1944. Centre for the study of Cartoons and Caricature, Canterbury. Solo Syndication and Literary Agency Ltd. Case 12.13.

Case 12. WARTIME DEBATES OVER A NATIONAL HEALTH SERVICE

The Beveridge Report meant that serious consideration needed to be given to postwar health care provision. Moreover, when some state support was withdrawn from the hospitals because massive bombing casualties did not materialise, the hospitals once again faced a bleak financial future. As doctors anticipated returning to civilian life, they were concerned about their own futures: their predecessors returning from the First World War had often found it difficult to re-enter civilian practice. Under the Minister of Health, the Conservative, Henry Willink, a White Paper on *A National Health Service* (1944) was produced. As it was being prepared, the medical profession,

led by Charles Hill of the BMA, made clear their opposition to many potential aspects of an NHS. The White Paper pleased almost no one. The doctors opposed the service's local government base, the local authorities themselves disliked the proposed joint arrangements to be made between local government groups, voluntary hospitals feared for their independence, while those who argued for a radical health service regarded the proposals as mere compromise. Groups such as the King's Fund began to put forward counter suggestions, and as the months of negotiation passed, Willink made further concessions to various groups, running into increasing hostility from almost all quarters. However, before his final draft was published, a General Election was called.

1. Somerville Hastings. **The future of medical practice: a personal view. Lecture given to the Leicester branch of the Socialist Medical Association, 31 July 1942.** Reprinted from **The Medical Press and Circular**, 14 October 1942.

Trades Union Congress Library. RA 485.

Wide discussion of a future health service was taking place. Somerville Hastings argued for a 'socialised medical service', maintaining that the service could then be effectively planned, with doctors brought into closer contact with other practitioners, and that a salaried service meant that the 'financial dependence' of the doctor on his patient would be removed.

2. Medical Planning Commission. **Draft Interim Report.** London: British Medical Association, 1942.

Trades Union Congress Library. RA 485.

The British Medical Association found that it had to address the question of future planning for health care. It raised a number of questions that the profession had to consider, for example whether doctors should be salaried, and how hospitals should be organised, but although there seemed to be some acceptance of prevalent notions on health centres, on most issues the BMA remained conservative.

3. Labour Party. **National service for health. The Labour Party's post-war policy.** London: Labour Party, [1943]. Trades Union Congress Library. RA 485.

Labour argued for a planned medical service which emphasised prevention. It should cover all types of care required, be open to all, with whole-time salaried medical staffing. The question was asked: 'Do you, as a citizen, want a Medical Service that is planned and directed in accordance with the needs of the nation as a whole, or do you think that we had better muddle along with the present system, distorted as it is by the influence of private profit?'

4. Ministry of Health and Department of Health for Scotland. **A National Health Service.** Cmd. 6502. London: HMSO, 1944.

Wellcome Institute Library, London.

The Government White Paper on a National Health Service.

5. Ministry of Health and Department of Health for Scotland. **A National Health Service: the White Paper proposals in brief.** London: HMSO, 1944.

Wellcome Institute Library, London.

The White Paper summary.

6. **Social security guide: the White Paper and the Beveridge Report compared.** London: The Social Security League, 1944.

Trades Union Congress Library. HD 7165.

Immediate—and not altogether favourable—comparisons were made with Beveridge's Plan. Beveridge had wanted 'freedom from want'. The principle behind the new proposals simply seemed to be assistance.

7. Fabian Medical Services Group. **A guide to the Health Plan.** Fabian Special No. 6. London: Fabian Publications, 1944.

Fabian Society.

Comment on the 1944 proposals.

8. **Elections to Central Council of British Medical Association, 1943-1944.** Brynmor Jones Library, University of Hull. Socialist Medical Association, Miscellaneous, Number 8, Health Service.

The Socialist Medical Association recognised that seeking election to the Central Council of the BMA was crucial at this juncture. Election communications by other candidates reinforced their certainty that most establishment doctors would vehemently oppose the setting up of a health service.

9. **Press cuttings, articles and reviews by David Stark Murray, 1925-1976.**

Brynmor Jones Library, University of Hull. Socialist Medical Association, DSM(2) files. Number 4.

Illustrating the controversy over the plans for a health service.

10. **'A National Health Service'. An analysis of the Government White Paper in relation to the policy of the medical profession as revealed by the Medical Policy Association plebiscite.** Bulletin No. 10 of the Medical Policy Association (London), February, 1944.

Wellcome Institute Library, London.

This roundly condemned the new plans, blaming the BMA for allowing the Government to go as far as it had. The object of this association was 'to preserve freedom for doctors as individuals. This implies rejection of any form of organization by means of which control of policy is centralised under any authoritative body that has statutory or other powers to alter the private contractual relationship between doctor and patient . . .'. It also stood for the widest possible extension of private practice.

11. **White Paper on health service.** (Mainly extracts from the **British Medical Journal**).

Brynmor Jones Library, University of Hull. Socialist Medical Association, General Files, Number 2, Health Service.

The storm was gathering as doctors took in the implications even of the limited 1944 proposals.

12. **'Willink yields to BMA'.** Press cuttings, 1943-1945. Brynmor Jones Library, University of Hull. Socialist Medical Association, Press Cuttings, Number 1, Health Service.

Willink was seen to be conceding to the British Medical Association, further reducing the 1944 proposals.

13. David Low. **'Um . . . h'mm . . . don't be alarmed. Whatever's the trouble, you're not going to die from enlargement of the social conscience.'** Photograph of cartoon. **Evening Standard**, 14 December 1944.

Centre for the Study of Cartoons and Caricature, Canterbury. DL 2359.

For cartoonists like Low the issue was clear.



Joe Lee. London Laughs. Doctors v. Bevan. 'Hm! You'll have to take things more quietly and on no account get excited.' Evening News, 19 February 1948.

Centre for the study of Cartoons and Caricature, Canterbury. Solo Syndication and Literary Agency Ltd. Case 13.13.

Case 13. THE WAR ENDS, LABOUR WINS POWER, AND THE NATIONAL HEALTH SERVICE ACT IS PASSED

In May 1945 the war in Europe came to an end. Although the war in the Far East dragged on for a while longer, with Hiroshima and Nagasaki atom-bombed in August, Britain was already turning to peacetime plans. In July 1945, unexpectedly, Winston Churchill was defeated and the Labour Party under Clement Attlee was given its first major vote of confidence—a landslide victory giving them a parliamentary majority over the Conservatives of 180. Labour had been waiting in the wings for almost fifty years for such a chance. Their radical plans for massive nationalisation—of rail, coal and steel and for vast housing programmes and social welfare—were in many ways the result of that long wait. They also reflected a popular desire that, after this World War, Britain should indeed face a brighter future.

Health hardly appeared as a plank in the election campaign of 1945, possibly because both the Labour and Conservative parties intended to implement some kind of service, although their plans were quite different. The new Minister of Health was the Welshman, Aneurin Bevan (1897-1960). Remembered popularly as a brilliant orator, he is remembered by doctors as an outstanding fighter and negotiator, able to outflank and divide them, with all the information at his fingertips. As the reputed ‘architect of the health service’, he did not have a clear run within his own party. Although it was agreed that there should be a health service, and the Socialist Medical Association’s ideas were widely accepted—assisted by the election of a number of their MPs (including Dr Edith Summerskill and Dr Somerville Hastings)—there was disagreement over how the service should be organised. Bevan’s decision to nationalise the hospitals ran into immediate opposition. He intended to place the service directly under the Minister of Health, not with the local authorities. His cabinet colleague, Herbert Morrison, former leader of the London County Council, strongly objected to the removal of municipal hospitals from local government. But Bevan was encountering almost overwhelming opposition from the doctors. The voluntary hospital doctors knew only too well that their institutions were no longer financially viable. They needed government aid. Yet they were opposed

almost to a person to being run by the local authorities, whose control they feared. Bevan not only allowed consultants part-time contracts, thus protecting private practice, he also tried to allay GP fears by establishing them as independent contractors. By hard work and much political manoeuvring, the National Health Service Act was passed in April 1946.

1. **Firework display over the Thames for victory night.** BBC Hulton Picture Library.

The Second World War ended in Europe on 8 May 1945.

2. **‘And now—win the peace. Vote Labour.’** Labour Party poster. London: Labour Party, 1945. Reprinted 1984. The Labour Party.

Churchill proposed that the Coalition Government should continue, at least until the war in the Far East was over. Labour refused, and a General Election was called for 5 July 1945.

3. **‘Confirm your confidence in Churchill.’** Conservative election poster. 1945. Labour Party Library.

The Conservatives expected that Churchill’s wartime popularity would pull them through.

4. **‘Final demand—Messrs Attlee.’** Conservative election leaflet. 1945. Labour Party Library.

Labour’s ambitious post war plans were hammered by the Conservatives on the grounds of costs.

5. **Polling day. A Chelsea pensioner records his vote.** 5 July 1945. BBC Hulton Picture Library.

Polling day was 5 July but the result could not be announced until 26 July, when all the service votes were in.

6. **‘Labour in power.’** *Daily Herald*, 27 July 1945. Labour Party Library. 329 LAB A1.

Labour’s landslide victory at the election taking Clement Attlee into No. 10 Downing Street was received with political astonishment. It was Labour’s first majority government. Labour had radical plans in mind and more than a comfortable parliamentary majority to see those changes through.

7. **Aneurin Bevan (1897-1960).** Photograph. *Picture Post*, 25 April 1942. BBC Hulton Picture Library.

Aneurin Bevan, outstanding orator and negotiator, became Minister of Health in the new government.

8. **‘A day on holiday with Herbert Morrison.’** *Herbert Morrison with his daughter, Mary, crossing Westminster Bridge.* Photograph. *Picture Post*, 13 April 1940. BBC Hulton Picture Library.

Herbert Morrison, influenced by his links with the London County Council, seen here with County Hall in the background, led the battle against Bevan, arguing that the new health service should be administered by the local authorities.

9. **National Health Service Act, 1946.** 9 & 10 Geo. 6, cap. 81.

Wellcome Institute Library, London.

Bevan's Act.

10. Hilde Fitzgerald. **A guide to the National Health Service Act, 1946. With an introduction by the Rt Hon Aneurin Bevan, M.P., Minister of Health.** London: Labour Party, [1947].

Trades Union Congress Library. RA 485.

It was intended to explain the NHS Act in the same popular way as the Beveridge Report.

11. **Your New Health Service.** Leaflet No. 7. London: Socialist Medical Association, [1946].

Trades Union Congress Library. RA 485.

The Socialist Medical Association could claim in some ways that this was *its* health service.

12. David Low. **'Dear Dear! . . . so the patient passed away?' 'Naow! He got well.'** Photograph of cartoon. **Evening Standard**, 3 May 1946.

Centre for the Study of Cartoons and Caricature, Canterbury. DL 2567.

Bevan became renowned for his outmanoeuvring of the doctors.

13. Joe Lee. **London Laughs. Doctors v. Bevan. 'Hm! You'll have to take things more quietly and on no account get excited.'** Photograph of cartoon. **Evening News**, 19 February 1948.

Centre for the Study of Cartoons and Caricature, Canterbury. Lee 3721.

Doctors seemed to emerge feeling quite bruised from their dealings with Bevan.



'British democracy wants my plan and what British democracy wants, it will get.' *Picture Post*, 7 August 1943.
BBC Hulton Picture Library.

Case 14. THE NATIONAL HEALTH SERVICE: NEGOTIATIONS, 1946-48

Between the passage of the Act in 1946 and 5 July 1948, the Appointed Day on which the Health Service came into operation, negotiation continued. What had emerged in the Act was a tripartite structure with hospitals, GPs and community care separated from each other. The teaching hospitals were given special status under the Minister, with their own hospital boards. Other hospitals were grouped under hospital boards which consisted partly of political appointees—no directly elected members—and partly of representatives from the hospitals in question. The teaching hospitals kept their endowments. Hospital doctors may have been relatively happy with the proposals, but the British Medical Association,

representing GPs, was not. Acrimonious negotiations in which the BMA threatened to boycott the service ensued. Several plebiscites were held by the BMA, as it fought for the sale of practices, higher capitation rates, and the prevention of the introduction of a salaried service. Finally Lord Moran, of the Royal College of Physicians, mediated between Bevan (described as a 'dictator' by the BMA) and the doctors. The third BMA plebiscite showed a divided profession, and the BMA acquiesced in joining the service, lest its position be totally undermined as in 1911-12.

Yet, despite these problems, the principle for 'Health for All'—regardless of social station and ability to pay—had been established.

1. **After the count of the votes: the ballot papers in the B.M.A. doctors' plebiscite on the National Health Service Act being destroyed.** Photograph. **Illustrated London News**, 28 February 1948, p.245.
Illustrated London News Picture Library.

The passage of the Act did not mean that it could necessarily be implemented, and there followed a two-year interval of negotiation. The BMA undertook several plebiscites of its members to establish whether or not to participate in negotiations over the service and then over whether they wished to join the service themselves in the negotiations. Bevan, the Labour Party, and the Socialist Medical Association objected that the first plebiscite was weighted: those who were serving in the forces (and more likely to accept a state medical service) were not balloted.

2. **The special representative meeting of the British Medical Association in London, at which conditional cooperation in the National Health Service was approved: a general view of the scene in the Great Hall of the British Medical Association headquarters in London.** Photograph. **Illustrated London News**, 5 June 1948, p.627.
Illustrated London News Picture Library.

By a narrow majority a special representative meeting of the BMA decided to cooperate with plans for the health service, provided that the doctors were satisfied with negotiations on a wide range of issues. The BMA had failed in 1911 to force a boycott of national health insurance and, with 90 per cent of doctors on the panel, they could not be sure of holding them in line in opposition to the service.

3. David Low. **'Operation sabotage.'** Photograph of cartoon. **Evening Standard**, 15 January 1948.
Centre for the Study of Cartoons and Caricature, Canterbury. DL 2825.

To David Low, as usual, the BMA was about its usual business. The victim was the health service.

4. **'NHS: you must decide.'** National Health Service Act, 1948.
Brynmor Jones Library, University of Hull. Socialist Medical Association, General Files, Number 3, Health Service.

With Bevan ranged against the leading doctors, the Socialist Medical Association appealed to the public for support for the service.

5. **Aneurin Bevan, Minister of Health, visits Papworth Village Centre and Hospital.** 10 May 1948.
BBC Hulton Picture Library.

A statement accompanies the photograph: 'The centre is for tubercular cases and the hospital will be taken over by the Ministry on July 5th when the new health scheme comes into operation. Mr Aneurin Bevan, Minister of Health, was accompanied by his wife, Miss Jennie Lee. On the left is the Matron, Miss H. Robinson.'

6. Central Office of Information. **Family Guide to the national insurance scheme.** Prepared by the Central Office of Information for the Ministry of National Insurance. London: HMSO, [1948].
Wellcome Institute Library. Contemporary Medical Archives Centre. Ephemera Collection.

A simple guide to provisions under the NHS.

7. **The National Health Service: Your new National Health Service begins on 5th July. What is it? How do you get it?** London: Prepared by the Central Office of Information for the Ministry of Health, 1948.
Trades Union Congress Library. RA 485.

A leaflet explaining the provisions and benefits of the NHS.

8. **Diagram of the administrative structure of the National Health Service, 1946.**

Brynmor Jones Library, University of Hull. Socialist Medical Association, Miscellaneous, Number 12, Health Service.

The Socialist Medical Association's conception of the NHS over-emphasised, for example, the role health centres would play in the new service.



David Hutchison. Waiting-room. Clinic and waiting-room of Dr David Hutchison, and partners, formerly at Bridge Street, Musselburgh, Midlothian. Wellcome Institute Library, London. Case 15.8.

Case 15. HEALTH FOR ALL? THE NATIONAL HEALTH SERVICE

The National Health Service established health care that was free at point of need. It formed a crucial part of the welfare state in which social security was a basic provision. However, it was based on the haphazard system of care which had built up over the previous century, with its regional and class variations. It continued the division between hospitals, general practice and community medicine: this was not the fully unified health service envisaged by some reformers.

But what did the Health Service mean to its 'clients'? To many it meant new dentures and free

spectacles. It meant signing on with a doctor and receiving free consultations. It meant referral to hospitals and free treatment.

It soon became the feature of the welfare state most cherished—and politicians were urged to 'keep their hands off it'. The costs of health care rose, however, between the interwar period and the early years of the service. Although once the service was under way the proportion of GNP spent on health remained remarkably constant (with occasional dips and peaks), the Treasury maintained constant concern over levels of expenditure. Costs versus care have been two of the major themes in the forty years during which the National Health Service has existed.

1. Joe Lee. **London Laughs. Hospitals Rose Day. 'I think it's Aneurin Bevan. They've got two-inch pins on them'.** Photograph of cartoon. *Evening News*, 22 June 1948. Centre for the Study of Cartoons and Caricature, Canterbury. Lee 3814.

Perhaps the main groups to lose out because of the new arrangements for the hospitals were the hospital governors and those whose lives had been dedicated to raising money for the hospitals. Although this cartoon illustrates the reaction of what was perceived as an attack on the hospitals themselves, it could more accurately be seen as an attack on the ladies and their fellow philanthropists whose links with the object of their interest were loosened, even though Leagues of Friends were to channel some of their energies.

2. Joe Lee. **London Laughs. D-Day for National Health Service. 'Take him away! Doctor Bevan can't deal with him personally even if he HAS got the best collection of ailments in London.'** Photograph of cartoon. *Evening News*, 1 July 1948. Centre for the Study of Cartoons and Caricature, Canterbury. Lee 3822.

Bevan established the National Health Service under the Ministry of Health, rather than under local authorities. This 'customer' has taken Bevan's position as the person in charge of all health care quite literally.

3. Joe Lee. **London Laughs. Free medicine. 'No, Mr Blottingly. I'm afraid the free medicine specified in the booklet is NOT the sort of medicine you have in mind.'** Photograph of cartoon. *Evening News*, 5 July 1948. Centre for the Study of Cartoons and Caricature, Canterbury. Lee 3825.

4. Joe Lee. **London Laughs. Doctor's manner changes with N.H.S. 'Has anybody noticed any differences in that doctor's bedside manners now we're on the panel?'** Photograph of cartoon. *Evening News*, 12 July 1948. Centre for the Study of Cartoons and Caricature, Canterbury. Lee 3831(i).

This cartoon exactly balances one from the early days of the panel doctors, where the GP would dash past distributing pills. (See Case 6:10.) He had no incentive to stay longer as he was paid a capitation fee per patient on his list rather than according to the nature of treatment.

5. Joe Lee. **London Laughs. No improvement in spectacles. 'They're no better. I can still read the news.'** Photograph of cartoon. *Evening News*, 7 October 1948. Centre for the Study of Cartoons and Caricature, Canterbury. Lee 3901.

Free spectacles were a feature of the service.

6. David Low. **'Open wide, please. I'm afraid this might hurt a little.'** Photograph of cartoon. *Evening Standard*, 9 December 1948. Centre for the Study of Cartoons and Caricature, Canterbury. DL 2939.

Dentists, however, benefited rather than suffered financially under the NHS.

7. Mass-Observation. **Meet yourself at the doctor's. With drawings by Ronald Searle.** London: The Naldrett Press, 1949. Trades Union Congress Library. RA 485.

Many people had of course been panel patients. Now all could receive free treatment at point of need.

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8. David Hutchison. **Waiting-room. Photographs. Clinic and waiting-room of Dr David Hutchison, and partners, formerly at Bridge Street, Musselburgh, Midlothian.** Photograph. Original in Contemporary Medical Archives Centre. GP4.

Wellcome Institute Library, London. L 14004.

The experience of the GP's waiting room would become common to all.

9. **Coil spring spectacles.** National Health Service issue, by Algha [?]. English, 1948-1960. Wellcome Museum of the History of Medicine at the Science Museum. ScM:W. A681241.

10. **Hands off the Health Service.** London: Socialist Medical Association, n [1953]. Trades Union Congress Library. RA 485.

Defence of the service became one of the early and persistent themes in the history of the N.H.S. As the Treasury under successive governments sought to cut back on expenditure on the health service, this best-loved feature of the welfare state was stoutly defended, in this case by the Socialist Medical Association, but in other instances by groups right across the political spectrum.

11. **Report of the Committee of Enquiry into the cost of the National Health Service.** Cmd. 9663. London: HMSO, 1956.

Trades Union Congress Library.

Another continuing feature of the history of the NHS was concern about cost. In fact the Guillebaud Report concluded that it was a very efficient system, giving good value for money.

12. Charles Webster. **The Health Services since the war. Vol. 1. The problems of health care. The National Health Service before 1957.** London: HMSO, 1988.

Officially commissioned assessment of the origins and early history of the NHS, reflecting recent interest in the service.



